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ABSTRACT

Dance and movement therapy is a form of psychotherapy that uses the body, dance, and movement as the primary mediums for the therapeutic process. Dance is a fundamental art form that involves the body as an instrument of self-expression; movement is a universal means of learning and communicating. Dance and movement therapy is the psychotherapeutic use of movement as a process that furthers the emotional, cognitive, and physical integration of the individual. The American Dance Therapy Association (ADTA) supports and promotes this young profession by establishing and maintaining high standards of professional training and practice. The ADTA provides a registry process, a code of ethics for the profession, and a program approval process for graduate programs in dance and movement therapy. Education and training for dance and movement therapy is compatible with programs in counseling and psychology. Increasingly, dance and movement therapists are becoming certified and licensed as counselors, psychologists, and social workers. Thus dance and movement therapy provides an exciting career opportunity for those interested in dance and the helping professions. Contains 16 references. (Author/EMK)

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Dance/Movement Therapy: A Unique Career Opportunity

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Abstract

Dance/movement therapy is a form of pyschotherapy that uses the body, dance, and movement as the primary mediums for the therapeutic process. The American Dance Therapy Association (ADTA) supports and promotes this young profession by establishing and maintaining high standards of professional training and practice. The ADTA provides a registry process, a code of ethics for the profession, and a program approval process for graduate programs in dance/movement therapy. Education and training for dance/movement therapy is compatible with programs in counseling and psychology. Increasingly, dance/movement therapists are becoming certified and licensed as counselors, psychologists, and social workers. Thus, dance/movement therapy provides an exciting career opportunity for those interested in dance and the helping professions.

Dance/movement Therapy: A Unique Career Opportunity

Dance is a fundamental art form that involves the body as an instrument of self-expression. Historically, people have used dance for celebration, mourning, and other ceremonial or ritual experiences. Movement is a universal means of learning and communicating. Beginning in *utero*, movement serves as the primary means for exploration and interaction with the environment. As individuals develop, their movement becomes a highly personalized signature of themselves. Moreover, body movement reflects feelings about the self and relationships with others. Psychological states manifest in physiological counterparts such as muscle tension, breathing patterns, and gestures. Through the medium of dance, the body and its movement become tools for emotional expression, social interaction, and behavioral change. Thus, the body, dance, and movement provide a powerful medium for the therapeutic process. This medium is called Dance/movement therapy.

Dance/movement therapy is the psychotherapeutic use of movement as a process which furthers the emotional, cognitive, and physical integration of the individual (American Dance Therapy Association, 1998a). The American Dance Therapy Association (ADTA) is the recognized professional organization for dance/movement therapists. The ADTA was established in 1966 as a result of a growing interest in dance/movement therapy as a helping profession. Since that time, the ADTA has maintained high standards of professional training and practice through ethics and standards for the profession and program approval standards for academic programs (1998a, 1998d). The ADTA also publishes the American Journal of Dance Therapy, a

refereed professional publication and sponsors an annual conference focused on research and practice of dance/movement therapy. Currently, the ADTA has approximately 1200 members from the United States and 29 countries around the world (ADTA, 1997). In 1998, dance/movement therapy was listed as one in 100 best careers for the 21st century (Field, 1998).

In practice, dance/movement therapy affects changes in emotions, cognition, physical functioning, and behavior. It is distinguished from other recreational and educational uses of dance by its goals and process orientation. The dance/movement therapist does not teach dance technique or follow a set curriculum. Neither does she/he engage clients in dancing purely for enjoyment or leisure, or for physical exercise. The dance/movement therapist instead focuses on movement as it emerges within the relationship established by a client and therapist. Body movement is the primary medium for the interaction. The flow of movement in dance/movement therapy is analogous to the traditional flow of words in counseling and psychotherapy. Moreover, it is immediate, spontaneous, and often less defended than verbal interchange.

The dance/movement therapist seeks to facilitate growth by starting where the client is developmentally and moving appropriately toward the client's goals. Thus, the emerging movement develops into a dance created from the contributions of the client, the dance/movement therapist, and the context within which they are moving. The therapist may direct or choreograph movements and dances that serve as interventions and assist the client with meeting goals for treatment. Interventions may address symptoms,

personality characteristics, and behaviors in the physical, social, cognitive, and psychological spheres (American Dance Therapy Association, 1998a).

In order to determine interventions, dance/movement therapists rely on information gleaned from body movement that can be applied both diagnostically and therapeutically. Systems of movement observation and analysis and movement observation instruments provide objective and structured ways for dance/movement therapists to apply this information (Laban, 1964, 1971; Dell, 1970; North, 1972; Davis, 1975). These systems and instruments are complex and require rigorous, specialized training. The trained observer interprets movement observations within the client's context and the context of the treatment setting. The dance/movement therapist also uses data gathered from other assessments, such as interviews, psychological tests, and the client's history in conjunction with movement observations in an effort to gain a thorough understanding of the client (Armeniox, 1997).

Dance/movement therapy may be utilized as a primary or ancillary form of treatment. Dance/movement therapists work with people of all ages individually and in groups. Additionally, they work in a variety of settings including hospitals, schools, rehabilitation centers, correctional facilities, residential and outpatient treatment centers, developmental centers, and private practice (ADTA, 1998a, 1998b). Dance/movement therapists work with a variety of issues and concerns including mental health disorders, substance abuse, eating disorders, autism and developmental delay, abuse and trauma, attention-deficit and learning disorders and dissociative disorders. Furthermore, dance/movement therapy provides a powerful medium for personal growth during times of

transition, for dealing with issues of grief and loss, and for enhancing creativity and personal performance.

During a dance/movement therapy session, the therapist may move with the client(s) and observe and/or direct movement. Clients are invited to participate in ways that feel comfortable or to observe others moving until they feel comfortable to join. Often, the energy of a group that is moving and dancing is contagious, and clients may find themselves easily participating despite initial anxiety or fears. Music may be used or the group may rely on its own rhythms as a basis for synchrony. As movements emerge, movement themes are developed to clarify their meanings. Metaphor and active imagination may be introduced and utilized for movement exploration and expression. Participants may identify adaptive responses, or introduce and practice behavioral changes. The dance created is the basis for interaction, expression, empathy, and cohesion.

The dance/movement therapy experience provides a vehicle for insight, integration of mind and body, and rebuilding of trust in oneself and others. In group sessions, the shared experience provides additional opportunities for growth. Although movement, dance, and the creative process are the primary focus of this modality, dance/movement therapists also use processes that overlap with established forms of treatment. For example, relaxation, desensitization, exposure, cognitive interventions, distraction, and narrative techniques may be integrated into dance/movement therapy approaches (Johnson, Cohen, Adams, Armeniox, Jampel, & Dayton, 1998).

Research in dance/movement therapy has been primarily narrative and descriptive. Most empirical work has been done in the area of assessment (Johnson, Cohen, Adams,

Armeniox, Jampel, and Dayton, 1998). However, a recent meta-analysis of outcome studies determined the mean-effect size of dance/movement therapy on core psychiatric symptoms to be ES = .37 (range .15 to .54) (Cruz & Sabers, 1998). This is comparable to effect sizes of verbal psychotherapy (ES = .32, in Smith & Glass, 1977). While this is promising, there is a significant need for more empirical research on assessment, interventions, and outcomes (Johnson, Cohen, Adams, Armeniox, Jampel, & Dayton, 1998).

Preparation for dance/movement therapy occurs on the graduate level. Studies include courses such as dance/movement therapy theory and practice, dance/movement therapy group process, theories of psychotherapy, psychiatric diagnosis, human development, developmental movement, research, group dynamics and process, and movement observation. Additionally, an internship supervised by a registered dance/movement therapist is required (ADTA, 1998b). The ADTA approves graduate programs that meet ADTA stated requirements and publishes a list of approved programs. Recommended pre-requisites for training include extensive dance training in a variety of dance forms and a liberal arts background with an emphasis in psychology, kinesiology, and dance teaching experience (ADTA, 1998b).

The ADTA also provides a two-tiered registry of members (ADTA, 1998b). The first level of registry, Dance Therapist Registered (DTR), indicates completion of educational requirements and readiness to practice in a professional setting as a member of a team and/or under supervision. The second, Academy of Dance Therapists Registered (ADTR), indicates completion of two years supervised experience after receiving the DTR

and readiness to teach dance/movement therapy, provide clinical supervision, and engage in private practice as a dance/movement therapist. Additionally, dance/movement therapists have been certified and licensed as counselors, psychologists, and clinical social workers in many states (ADTA, 1996). Increasingly, dance/movement therapists are being certified as National Certified Counselors (NCC) through the National Board for Certified Counselors (ADTA, 1998c).

Dance/movement therapy is a growing profession that offers a unique and creative approach to helping others and numerous opportunities for professional growth as well. Undergraduate students with interests in dance and psychology or counseling may find it especially appealing. For professionals with masters degrees in counseling, psychology, and social work, dance/movement therapy offers an opportunity to build on one's experience by adding an expressive, nonverbal dimension. Those interested in learning more about dance/movement therapy may contact the ADTA web site, **ADTA@AOL.com**, or write the following address: American Dance Therapy Association, 10632 Little Patuxant Parkway, 2000 Century Plaza, Suite 108, Columbia, MD 21044.

References

American Dance Therapy Association (1996). Task force 1 survey of dance/movement therapy work settings, job titles, and credentials obtained by dance/movement therapists. Columbia, MD: American Dance Therapy Association. Unpublished raw data.

American Dance Therapy Association (1997). American Dance Therapy Association Membership Directory. Columbia, MD: American Dance Therapy Association.

American Dance Therapy Association (1998a). What is dance/movement therapy? Retrieved June 16, 1998 from the World Wide Web: http://www.adta.org

American Dance Therapy Association (1998b). Dance/movement therapy: Frequently asked/answered questions. Retrieved June 16, 1998 from the World Wide Web: http://www.citi.net/ADTA/adtafaq.htm

Stark, A., Armeniox, L., & White, E. (1998c, Fall). NBCC task force report. American Dance Therapy Association Newsletter, 32(4), 9-11. Columbia, MD: American Dance Therapy Association.

American Dance Therapy Association (1998d). Code of ethical practice of the American Dance Therapy Association. Retrieved June 16, 1998 from the World Wide Web: http://csep.iit.edu/codes/coe/adta-a.htm

Armeniox, L. (1997). Assessment of nonverbal communication in counseling and psychotherapy. Unpublished manuscript, University of North Carolina Greensboro.

Cruz, R., & Sabers, D. (1998). Dance/movement therapy is more effective than previously reported. Arts in Psychotherapy, 25, 101-104.

Davis, M (1975). Toward understanding the intrinsic in body movement. New York: Arno Press.

Dell, C. A primer for movement description: Using effort-shape and supplementary concepts. New York: Dance Notation Bureau.

Field, Shelly (1998). 100 best careers for the 21st century. New York: Macmillan.

Johnson, D. R., Cohen, B. M., Adams, K., Armeniox, L., Jampel, P., & Dayton, T (1998). Creative arts therapies (position paper for the International Society for Traumatic Stress Studies, PTSD Treatment Guidelines Committee). Northbrook, IL: International Society for Traumatic Stress Studies.

Laban, R (1956). Principles of dance and movement. London: Macdonald & Evans, Ltd.

Laban, R (1960). The mastery of movement. L. Ullman, Ed., rev. London: Macdonald & Evans, Ltd.

North, M (1972). Personality assessment through movement. London: Macdonald & Evans.

Smith, M., & Glass, G. (1977). Meta-analysis of psychotherapy outcome studies. American Psychologist, 32, 752-760.